

Vendor Response Request for Information No. MED-18-030
Regarding Electronic Visit Verification

To respond to the Iowa Department of Human Services' RFI No. MED-18-030, submit only this document as an electronic word processing document that is compatible with Microsoft Word software and sent as an attachment to email. Email this document to: Kera Oestreich koestre@dhs.state.ia.us

Please make responses specific, concise, and complete enough to explain the point. Respondents may answer any question they choose; there is no obligation to answer each question.

This document is due by 4:00 PM CT, December 22, 2017.

In the space below please enter the name of a contact person for this response. Include that person's title, company name, mailing address, telephone number(s), and an email address, if available. If other persons contributed to this response please list them subsequently.

Contact:

Title:

Company:

Mailing Address:

Telephone Number(s):

Email Address:

Questions:

If a vendor is interested in responding to any or all of the areas identifies, the Agency is requesting the following detailed written response:

1. Describe how your firm delivers this type of service in similar Medicaid settings or other similar health care settings for home care service delivery.
 - a. Describe the population characteristics of individuals currently served by your system (i.e. number of members, type of population, special needs of the population, setting of service, etc.)
 - b. Describe strategies employed to garner customer satisfaction and include satisfaction survey data, if available.
 - c. Describe the process for implementation of the system including system workplans, timelines for implementation and training all user populations (individuals, providers, State Medicaid Agency).
 - d. Describe experience integrating the vendor system with other EVV systems or clearinghouses.
2. Describe information regarding the experience and capability of your firm as it relates to this type of service.
 - a. Provide a detailed description of the EVV system. At a minimum, include the following:
 - i. Functionality including the devices, technology and infrastructure requirements for both individuals receiving services and service providers
 - ii. Security features of the system that confirms the identity of the provider and individual receiving the service and replace the need for a hard copy or electronic signature
 - iii. Security features that allow the secure use of personal devices by members or providers for verification
 - iv. Flexibility of the system to allow for manual overrides, and instances where manual overrides are allowed
 - v. Real time data collection and monitoring including data storage and record retention
 - vi. Features of the system that address needs of special populations of both service providers and individuals receiving services
 - vii. Features of the system that address the provision of EVV in rural areas where technology infrastructure is limited or non-existent
 - viii. Contingency plans for when a system may be temporarily unavailable or inoperable.

- ix. Other features of the system (i.e. scheduling, billing, monitoring health and safety, reporting, etc.)
 - b. Describe challenges your firm has faced with EVV implementation and ongoing management and service provision. Describe solutions or efforts to mitigate challenges that were employed.
 - c. Describe the system's capability of interfacing with multiple service providers who have existing EVV, timekeeping and payroll systems including a description of how the data is collected and reporting in a uniform/ streamlined manner to an MCO or State Medicaid Agency.
3. Provide any other potential benefits of implementing EVV in Iowa or any other supporting information that may assist in our justification to fund this type of service. Provide data, if available.
 4. Financial/ Total Cost of Ownership. Considering the contracting model the Agency has described (a payer-based EVV system in which the health plan payer (managed care organization or fee for service) implements and administers the EVV program), please provide the following details:
 - a. Provide complete operational and implementation cost details for all parties including individuals served, providers of service, managed care organizations, and the state Medicaid Agency. Information should be provided on the costs associated with any tool or technology and the operational costs. Specify if the solution must be purchased or rented.
 - b. Provide, to the extent possible, an estimated cost model. Include estimated costs to purchase, implement, and operate the described solution including unit costs based on key variables such as data users, source systems, interfaces, and pricing scales based on those key variables.
 - c. Respondents should clearly state all assumptions underlying pricing responses.
 5. What are main advantages and disadvantages of utilizing a Payer-based EVV system in which the health plan payer (managed care organization or fee for service) implements and administers the EVV program?
 6. How does the timeline support or impede a January 2019 implementation with testing beginning in November 2018?
 7. How can EVV program burden be minimized in the following situations?
 - a. There are agency providers that have sophisticated EVV and EHR systems that are in use for scheduling and claims processing. Conversely, there are agency providers that do not have EVV or EHR systems that provide these functionalities. What opportunities are there for customization to scale?
 - b. An individual provider in rural Iowa does not have a smart phone or computer to verify visits. The member they provide services to does not have a smart phone or landline.
 - c. Consumer Choices Option services are paid for and managed by the member without a claims function.